

Table of Contents

ACP Contact Information	2
ACP Summary.....	2
ACP Participant Eligibility Requirements	2

ACP POLICIES AND PROCEDURES

ACP Process	3
Definition of a Participant and Co-participant.....	3
Substitute Address	3
Authorization Card.....	4
ACP Code	4
Mail-Forwarding Service.....	4
Voter Registration.....	4
Service of Process.....	5
Disclosure of Records	5
Notification to Courts	5
State and Local Government Agency Exemption	5
Certification	5
Welcome Packet	6
Responsibilities of the Program Participant	6
Responsibilities of the ACP	6
Cancellation.....	6
Advantages of the ACP.....	7

THE APPLICATION ASSISTANT

Role and Responsibilities of an Application Assistant.....	8
Certification	9
Application Assistant Agreement	9
Contact Information Form.....	9
Welcome Packet.....	9
ACP Application Forms	9
Termination	10

ACP APPLICATION PROCESS & INSTRUCTIONS

ACP Application.....	10
Existing Court Orders	11
Affirmation of Applicant.....	11
Application Checklist	11
Supplemental Application	11
Authorization Card.....	12
Sample Forms	13 - 15

Address Confidentiality Program

P.O. Box 91301

Baton Rouge, LA 70821-1301

225-925-4792

800-825-3805

acp@sos.louisiana.gov

ACP Summary

Louisiana's Address Confidentiality Program (ACP) is administered by the Louisiana Secretary of State's Office and was modeled after the original program developed in the State of Washington in 1991. In 2006, Louisiana passed ACP legislation and laws governing the ACP which are found in Louisiana Revised Statutes 44:51-57.

The ACP provides relocated victims of abuse, sexual assault or stalking, with a substitute address to use in place of their actual address when they apply for or receive state or local government services (i.e. driver's license, voter registration, public school records, etc.). The goal of the ACP is to prevent an assailant or potential assailant from finding the location of a victim through the state's public records. The ACP is not a witness protection program and does not assist participants in obtaining new names, social security numbers, or in relocating to a new residence. The ACP does not provide legal advice to the participant.

The ACP acts as the agent of an ACP participant for purposes of service of process and forwards all first-class, certified or registered mail to the participant.

The ACP also works with state and local government agencies to ensure compliance of ACP legislation and to facilitate the use of the substitute address.

ACP Participant Eligibility Requirements

Any person attempting to escape from actual or threatened abuse, sexual assault or stalking can apply for participation in the ACP. To participate in the ACP, a client must meet the following criteria:

- Be a victim of abuse, sexual assault or stalking.
- Be concerned for the safety of self, children or household members.
- Be a resident of Louisiana.
- Relocate or plan to relocate to an address unknown to his/her abuser.
- Not have made any public record in new location such as telephone number, utilities, driver's license, etc.
- Live in a residence that the victim does not own. (The ACP cannot protect victims if a house has been purchased in their name.)
- Be 18 years of age or older or,
 - be a parent or guardian acting on behalf of a minor or,
 - be a parent or guardian acting on behalf of an incapacitated individual.

ACP POLICIES AND PROCEDURES

ACP Process

- A victim of abuse, sexual assault or stalking moves to a new location (in Louisiana) that is unknown to his/her abuser, and a public record of the new address has not been created (i.e. telephone number, driver's license, utilities, etc).
- The victim calls the ACP and is referred to an agency with a certified ACP Application Assistant.
- The victim meets with an ACP application assistant to apply for participation in the ACP.
- The ACP application assistant sends the application to the ACP.
- The ACP reviews the information on the application and if all conditions have been met, the victim is certified as a program participant.
- The new participant is assigned an ACP code, and an ACP authorization card is issued for each member of the household.
- The program participant (and co-participants) can now apply for state and local government services using the substitute address as his/her legal address.
- The ACP forwards all first-class, certified and registered mail to the program participant's actual mailing address.
- The program participant's actual residential address and telephone number are not public record.

Definition of a Participant and Co-Participant(s)

A victim becomes an ACP participant after he/she meets the criteria set forth by the ACP legislation. A co-participant is a household member (i.e., child, spouse, sister, etc.) who lives with the participant and is listed on the ACP application. Household members are not required to be in the ACP; however, it is strongly advised that they be a part of the ACP as it is important for everyone in the household to use the substitute address.

The participant and co-participants share the same ACP code and the same substitute address. The participant and co-participants are afforded the same legal protections of the ACP and must agree to abide by the same rules and guidelines of participation in the ACP.

Substitute Address

The substitute address assigned to participants has no relationship to participants' actual address and all participants use the same address.


The substitute address can be used as the participant's residential, school, and work address. The address should always be used when applying for state and local government services. Private companies are not required to accept the substitute address; however, upon request, many companies use the substitute address. Program participants should also use the ACP address with work associates, friends and family members.

Authorization Card

Each applicant is asked to sign an ACP authorization card and the card of every co-applicant under the age of eighteen (18). Co-applicants that are eighteen (18) or older, sign their own authorization card. The ACP issues an ACP authorization card for each member of the household. Use of the substitute address may begin when participants receive their ACP authorization card.

**SIGN
HERE**



STATE OF LOUISIANA		
ADDRESS CONFIDENTIALITY PROGRAM		
P.O. Box 91301		
Baton Rouge, LA 70821-1301		
		
_____ Signature of participant or parent/guardian		
ACP CODE	BIRTHDATE	EXPIRES

ACP Code

The ACP code is a specific number assigned to each participant and co-participant and is used to sort and distribute participant mail. Participants and co-participants in the same household share the same ACP code and all mail addressed to a participant or co-participant should include this number. If the ACP code is not included as part of an address, delivery of a participant's mail can be delayed and in some cases, may be returned to the sender.

Mail-Forwarding Service

The ACP provides first-class mail forwarding service to participants using the substitute address. All first-class, certified and registered mail received at the substitute address is forwarded as first-class mail to the mailing address provided on the application by the participant. The ACP does not forward books, magazines, periodicals, packages or junk mail. Packages are returned to the sender and junk mail or magazines are discarded. Program participants can expect their mail to be delayed five to 10 days as all mail is forwarded from a Baton Rouge address. The ACP does not track or maintain records of any mail received on behalf of program participants unless the mail is certified or registered.

Participants are asked to directly communicate with all their business/personal contacts to inform them of the substitute address they will be using as their mailing address and address for public record. Participants are asked not to submit a change of address form to the U.S. Postal Service as this can cause confusion for the post office and can delay the participant's mail.

Voter Registration

A program participant may vote absentee by mail upon meeting the necessary requirements. The participant's substitute address shall be used for registration and voting and the participant's name and physical address shall not be included on any list of registered voters available to the public. A program participant shall not vote during early voting or in person at the polls on election day.

Service of Process

A program participant designates the ACP as an agent for service of process and receipt of mail and legal documents. The ACP receipt of documents constitutes the participant's receipt of the documents. Participants cannot use the program to avoid legal action or to hide from legal responsibilities by refusing to accept mail forwarded by the ACP. Participants are legally responsible for obligations contained in all documents forwarded to them by the ACP. ACP will accelerate delivery (Fed Ex, UPS, etc.) on legal papers participants are served. All legal delays for service of citation or other process on a program participant shall be extended 10 days.

Disclosure of Records

The ACP is prohibited from disclosing the address or telephone number of a program participant except under the following circumstances:

1. The information is requested by a federal, state or local law enforcement agency for official use only.
2. The information is required by direction of a court order.
3. The information is requested by an agency to verify the participation of a program participant when the verification is for official use only. ACP will give no additional information except to verify participation in the program.

The ACP will provide immediate notification of disclosure to a program participant when disclosure is made under condition 2.

Notification to Courts

If at the time of application, a program participant is subject to a court order or is involved in a court action related to divorce proceedings, child support, child custody or child visitation, the ACP shall notify the court that issued the order or the court having jurisdiction over the action, of the certification of the program participant in the ACP and of the substitute address designated by the Secretary of State.

State and Local Government Agency Exemption

A state or local government agency may request a waiver from the requirements of the ACP by submitting a waiver request. The waiver is an explanation of why the agency cannot meet its statutory or administrative obligations by using the ACP substitute address. If the ACP accepts the waiver, the agency will only use the participant's actual address for statutory or administrative purposes and will not be public record. Acceptance or denial of an agency's waiver request is not subject to further review.

Participants subject to the Sex Offender and Public Protection Registration Programs must disclose their actual residential address as required by these programs.

Certification

Applicants are certified as participants for four (4) years following the date of certification unless withdrawal or cancellation occurs before the expiration date. Participants can renew their certification if they still consider themselves at risk by completing another application with an ACP application assistant within thirty (30) days prior to their expiration date. Upon the receipt and approval of a completed ACP application, the applicant will be on record as a certified Program Participant and receive a Welcome Packet.

Welcome Packet

- Welcome Letter
- Authorization Cards
- Program Participant Guide
- Program Brochure
- Change of Information Form
- National ACP Listings

RESPONSIBILITIES OF PROGRAM PARTICIPANTS

- To provide factual and accurate information on the ACP application.
- To notify the ACP of any court orders, actions involving divorce proceedings, child support, custody, and visitation.
- To notify the ACP of any changes in residence, mailing address and telephone number(s).
- To notify the ACP of any change in their legal name or a co-participant's legal name.
- To ensure that they use their ACP code when they are using the ACP substitute address.
- To accept and be responsible for all mail forwarded to them by the ACP.
- To restrict the use of the substitute address to first-class, certified and registered mail.
- To be responsible for their and their co-participant's authorization card(s).
- To notify the ACP if the authorization cards have been lost or stolen.
- To notify the ACP if they no longer wish to participate in the ACP.

RESPONSIBILITIES OF THE ACP

- To forward (as first-class mail) all first-class, certified and registered mail to all certified program participants and co-participants.
- To maintain and keep confidential all program participant and co-participant records, files and documents unless this information is requested by a law enforcement agency for official use or the information is required by a court order.
- To notify courts having jurisdiction over an ACP participant's divorce, child support, child custody or child visitation proceedings, of a participant's ACP certification and substitute address.
- To assist participants with administrative issues re: mail, mail forwarding, authorization cards, etc. and facilitate the use of the substitute address.

CANCELLATION

The ACP will cancel a participant's certification if a participant:

- Files a request for withdrawal.
- Applies to the ACP using false or incorrect information.

- Moves out of the State of Louisiana.
- Does not respond to ACP renewal notices.
- Obtains a legal name change and fails to notify the ACP within thirty (30) days.
- Fails to notify the ACP of a change of address or telephone number.
- Does not respond to ACP requests to comply with procedures.

The ACP will send a notice of cancellation to the participant specifying the reasons for cancellation for failure to comply with any of the cancellation procedures within 30 days. Participants will be asked to return all authorization cards and to notify all their business/personal contacts that the ACP substitute address no longer applies to them. The participant will have thirty (30) days to appeal the cancellation decision under procedures developed by the Louisiana Secretary of State.

Any records or documents pertaining to a program participant shall be maintained in accordance Act 613, 2006 Regular Legislative Session.

ADVANTAGES OF THE ACP

The advantages of the ACP include the following:

- The ACP provides an additional layer of protection to increase overall safety.
- Participants are able to use the substitute address instead of their residential address for many purposes including a Louisiana driver's license and registering to vote.
- Participants are afforded address confidentiality when accessing state and local services and enrolling in public schools.
- Participant's records are confidential and can only be obtained by a court order or a law enforcement agency.
- Participants are able to register to vote absentee by mail upon meeting requirements with substitute address.
- Participants are able to move from one location to another and retain the same ACP address.
- Participants are provided with a cost-free mail forwarding service.
- The substitute address is valid for four (4) years and can be renewed if participants feel they are still at risk.
- The ACP will continue to forward a participant's mail for a limited amount of time after the participant has withdrawn from the ACP.
- The application process is not lengthy or complicated.
- The ACP maintains regular business office hours and can be contacted with issues or problems the participant may be having regarding authorization cards, mail, etc.

HOWEVER, REMEMBER.....

- Applicants must relocate if their perpetrator knows their location or if they have created any public record using their residential address.
- Participants must let the ACP know their residential address and telephone number(s) at all times.
- The ACP will not forward packages, magazines and junk mail. Packages will be

- returned to sender, magazines and junk mail will be discarded.
- Participants will experience a delay in the delivery of their mail.
 - The ACP substitute address may not be used to purchase real estate/property. When real property (house/land) is purchased, the name and residential address of the purchaser is public record.
 - The participant is responsible for requesting that agencies of Louisiana use the substitute address.
 - Private companies (telephone, utilities, insurance, banks, department stores, etc.) are not legally obligated to accept the ACP substitute address.
 - The ACP is only one part of a participant's safety strategy. By itself, the ACP cannot keep a participant safe.
 - Participants must keep their residential address and telephone number(s) confidential at all times.
 - The ACP will not forward mail that is not addressed to a participant or co-participant.
 - The ACP is not a witness or victim protection program.
 - The ACP does not provide legal advice or counseling services.
 - The ACP does not assist participants with obtaining new names or social security numbers.

THE APPLICATION ASSISTANT

Role and Responsibilities of the Application Assistant

An application assistant is an abuse and/or sexual assault advocate who works in an agency designated by the Louisiana Secretary of State's Office and has been trained and certified by the ACP to assist clients in the ACP application process. A designated agency is a state, local or nonprofit agency that provides counseling, shelter or other services to victims of abuse, sexual assault or stalking.

An application assistant plays a vital role in the success of the ACP by providing information that the program exists. Application assistants inform their clients of the ACP and assist them in applying to be participants.

An application assistant is not deemed to be an employee or an agent of the Louisiana Secretary of State's Office. The application assistant will not hold himself/herself out as, nor claim to be, an officer or employee of the Louisiana Secretary of State's Office and will not make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the Secretary of State's Office or the State of Louisiana.

An application assistant agrees not to discriminate against any client or potential program participant because of race, creed, color, national origin, gender, age, or mental, physical or sensory disability.

The responsibilities of ACP Application Assistants include:

- Working with clients to determine whether the ACP should be a part of their safety plan.
- Explaining ACP services and statutory guidelines to clients.
- Assisting clients with the ACP application and forwarding the applications to the

- ACP in a timely manner.
- Providing the ACP with all documentation relating to the ACP applicants and co-applicants.
- Assisting the ACP to obtain information on applicants referred to the ACP.
- Adhering to the terms and conditions of the ACP Application Assistant Agreement.
- Providing the ACP with information and data that will help the ACP direct the future of the program.
- Notifying the ACP of any change in their contact information or when they no longer wish to serve as an Application Assistant.

Certification

Advocates must attend a training session administered by the ACP. Training sessions are offered on an as-needed basis and are held at different locations throughout Louisiana. Notifications of these training sessions are sent to all designated agencies by mail and are free of charge. The training provides a comprehensive overview of the ACP and supplies advocates with all the materials they will require in order to assist a victim with the ACP application. During training, the advocate completes an ACP Application Assistant Agreement and Contact Information Form and is provided with a Welcome Packet and ACP Application Forms. After training, a certificate and a copy of the Application Assistant Agreement are sent to the advocate and the advocate is registered as a certified Application Assistant.

Certification is valid for two years and may be renewed by completing another Application Assistant Agreement and updating a Contact Information Form.

Application Assistant Agreement

The Application Assistant Agreement represents the agreement between the Address Confidentiality Program (ACP) and the Application Assistant and sets the terms, conditions and requirements for both parties. Advocates must sign the agreement indicating that they will abide by the contract and the Louisiana Secretary of State's representative signs the document as well. The ACP retains the original copy and a copy is sent to the Application Assistant.

Contact Information Form

Application Assistants must also complete a *Contact Information Form* indicating when and where they attended ACP training and their agency contact information.

Welcome Packet

- Program Participant Guide
- Application Assistant Guide (quick reference)
- Program Brochure
- National ACP Listings

ACP Application Forms

- ACP Application Packets:
 - Application, Checklist, Authorization Card, ACP-addressed envelope, ACP Supplemental Applications

Application Assistants are encouraged to have ACP application forms available at all times and additional forms can be requested by contacting the ACP. Application Assistants working in the same agency can share ACP application forms.

Termination

The Louisiana Secretary of State's Office may cancel an Application Assistant's certification for any one of the following reasons:

- The Application Assistant requests the ACP cancel his/her participation.
- The Application Assistant is no longer an employee of a designated agency.
- The Application Assistant does not renew his/her Application Assistant agreement.
- The Application Assistant fails to fulfill his/her obligations in a timely and proper manner.
- The ACP determines that the Application Assistant breached confidentiality rules and/or the terms of the Application Assistant Agreement.

The ACP will send a notice of cancellation to the Application Assistant and request that all ACP materials be returned to the ACP or transferred to another Application Assistant in his/her agency.

ACP APPLICATION PROCESS & INSTRUCTIONS

ACP Application

An Application Assistant is provided with all the application materials an applicant will require, including envelopes for mailing the completed application documents to the ACP. The application form must be **complete, legible and factual** before an applicant can be certified as a program participant. If you have any questions, please do not hesitate to call the ACP. Incomplete applications delay the certification process.

The application must include:

- Applicant's legal name (Please include married, maiden and previously used names).
- All the names a participant is using. If a name on a piece of mail received at the ACP does not match a name in the ACP records, the mail will be returned to the sender stating that the addressee is unknown.
- Applicant's date of birth.
- Applicant's gender.
- Co-applicant's name.
- Co-applicant's date of birth.
- Co-applicant's relationship to applicant.
- Residential address (Actual residential address is required and must be the address where participant is residing at the time of application to the ACP.).
- Mailing address.
- Work address.
- Telephone number(s) (The ACP requires a telephone number where the applicant can be contacted. This could even be the number of a trusted friend or relative.).

Existing Court Orders

An applicant who is a party to any pending action(s) or existing court order(s) related to divorce proceedings, child support, child custody, or child visitation is required to list all of these actions and/or orders on the application. The ACP is required by law to notify the courts (that are applicable) of a person's participation in the ACP.

Please make sure this information is accurate and include the case number for all cases.

**** Court/Parish (that issued order) - Names of Parties - Case Number - Date of order ****

Affirmation of Applicant

The application must contain the following affirmation of applicant:

My application assistant and I have determined that the Address Confidentiality Program (ACP) should be part of my overall safety plan. I attest that I have good reason to believe that I or my co-applicant(s) are victims of abuse, sexual assault or stalking; and that I fear for my safety or the safety of my co-applicant(s). I have or will confidentially relocate in Louisiana to a place unknown to the perpetrator. Disclosure of my address will endanger my safety or the safety of my co-applicant(s). I hereby designate the Secretary of State as my agent for service of process and receipt of first-class, certified and registered mail pursuant to LA Revised Statutes 44:51-57. I understand that moving from the above residential address or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP. I understand that I am required to disclose my actual address as part of the registration required by the LA Revised Statutes 15:540 et seq. Sex Offender and Public Protection Registration Programs. I understand that knowingly providing the ACP with false or incorrect information is punishable under LA Revised Statutes 44:52 or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained in this form is true and accurate.

Application Checklist

- Application Assistant and participant discuss each item on the checklist.
- Signature of Applicant and Date.
- Signature of Application Assistant and Date.

Supplemental Application

A supplemental application is necessary only if an applicant needs additional space to list co-applicants and/or court orders and actions related to divorce proceedings, child support, child custody or visitation.

Authorization Card

- An authorization card is required for each person listed on the application.
- Applicants must sign their own card.
- Applicants must sign their own name on the card of any co-applicant under the age of eighteen (18).
- Co-applicants 18 years of age or over must sign their own card.
- Do not write in the spaces designated for the ACP CODE, BIRTHDATE, or EXPIRES. (*The **only** writing on the Authorization Card should be the applicant's or co-applicant's signature.*)

The application, supplemental application (if applicable), checklist and all signed authorization cards are mailed to the ACP at:

**Address Confidentiality Program
Louisiana Secretary of State
P.O. Box 91301
Baton Rouge, LA 70821-1301**

The ACP cannot accept copies or faxes of applications, checklists or authorization cards.

If you have any questions or concerns about the ACP, the application process or any other issue, contact the ACP at 225-925-4792 or 800-825-3805.

We thank you for being an integral part of the ACP. Without your assistance, victims of abuse, sexual assault and stalking would not know that the ACP exists.

TOGETHER WE ARE MAKING A DIFFERENCE.

ADDRESS CONFIDENTIALITY PROGRAM APPLICATION

(Louisiana Revised Statutes 44:51-57)

1. Applicant must PRINT CLEARLY using a blue or black ink.
2. Applicant and Application Assistant must SIGN and DATE Application and Checklist.
3. Application Assistant must return Application, Checklist, Authorization Card(s) and supporting documentation to:

Address Confidentiality Program
P.O. Box 91301
Baton Rouge, LA 70821-1301

FOR ACP USE ONLY

ACP Code: _____

Filed: ____/____/____



APPLICANT NAME (Last, First, Middle or Maiden Name)	DATE OF BIRTH (mm/dd/yyyy)	GENDER (circle one) M or F
CO-APPLICANT NAME(S) (Last, First, Middle or Maiden Name)	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP TO APPLICANT
A.		
B.		
C.		
D.		

RESIDENTIAL ADDRESS (Address where the applicant lives) *****REQUIRED INFORMATION*****

Address _____ City _____ LA Zip Code _____

CIRCLE ONE: Shelter – Rental – Living with friends/family – Other: _____**MAILING ADDRESS:** (If different from RESIDENTIAL ADDRESS listed above)

Address _____ City _____ LA Zip Code _____

WORK ADDRESS (if applicable)

Address _____ City _____ LA Zip Code _____

HOME TELEPHONE NUMBER

()

CELL/PAGER NUMBER

()

EMERGENCY CONTACT NUMBER

()

ARE THERE ANY EXISTING COURT ORDER(S) OR ACTION(S) RELATED TO DIVORCE PROCEEDINGS, CHILD SUPPORT, CHILD CUSTODY, OR VISITATION? Yes ____ No ____ If yes, you must list **ALL** the court order(s) or action(s) below.

City / County / State / Court with Jurisdiction	Names of Parties	Case Number (PLEASE INCLUDE)	Date Order Entered

AFFIRMATION OF THE APPLICANT: My application assistant and I have determined that the Address Confidentiality Program (ACP) should be part of my overall safety plan. I attest that I have good reason to believe that I or my co-applicant(s) are victims of abuse, sexual assault or stalking; and that I fear for my safety or the safety of my co-applicant(s). I have or will confidentially relocate in Louisiana to a place unknown to the perpetrator. Disclosure of my address will endanger my safety or the safety of my co-applicant(s). I hereby designate the Secretary of State as my agent for service of process and receipt of first-class, certified and registered mail pursuant to LA Revised Statutes 44:51-57. I understand that moving from the above residential address or changing my mailing address without first notifying the ACP may result in the cancellation of my participation in the ACP. I understand that I am required to disclose my actual address as part of the registration required by the LA Revised Statutes 15:540 et seq. Sex Offender and Public Protection Registration Programs. I understand that knowingly providing the ACP with false or incorrect information is punishable under LA Revised Statutes 44:52 or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained in this form is true and accurate.

Signature of Applicant (or Parent/Guardian if Applicant is under 21)

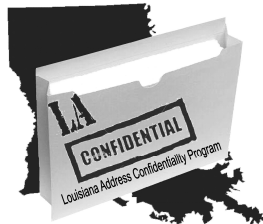
Date

Signature of Application Assistant

Agency or Program

Questions? Call (225) 925-4792 or 1-800-825-3805(_____) _____
Agency Telephone Number

A program of the Louisiana Secretary of State
 Jay Dardenne, Secretary of State



SUPPLEMENTAL APPLICATION

Only use when necessary to list additional co-applicants and/or existing court order(s) or action(s) related to divorce proceedings, child support, child custody, or visitation.

Address Confidentiality Program
P.O. Box 91301
Baton Rouge, LA 70821-1301
225-925-4792 or
800-825-3805
acp@sos.louisiana.gov

1. Please TYPE or PRINT in black or blue ink.
2. Be sure to SIGN and DATE the form.
3. Return this Supplementary Application, along with the Application, Checklist and Authorization Card(s) to the Address Confidentiality Program.

FOR ACP USE ONLY	
FILED / /	ACP Code
COMMENTS:	

APPLICANT NAME (Last, First, Middle or Maiden Name)	DATE OF BIRTH (mm/dd/yyyy)	GENDER (circle one)
		M or F

CO-APPLICANT NAME(S) (Last, First, Middle or Maiden Name)	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP TO APPLICANT
E.		
F.		
G.		
H.		
I.		

ARE THERE ANY EXISTING COURT ORDER(S) OR ACTION(S) RELATED TO DIVORCE PROCEEDINGS, CHILD SUPPORT, CHILD CUSTODY, OR VISITATION? Yes ___ No ___ If yes, please list ALL the court order(s) or action(s) below.

Issuing Court (court with jurisdiction)	Name of Parties	Case Number (PLEASE INCLUDE)	Date Order Entered

I understand that knowingly providing the Address Confidentiality Program with false or incorrect information is punishable under LA Revised Statutes 44:52 or other applicable statutes and may jeopardize my participation in the program. To my knowledge, the information contained in this form is true and accurate.

Signature of Applicant or Parent/Guardian

Date

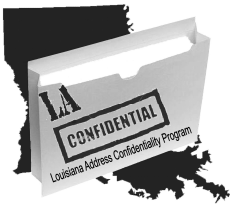
Signature of Application Assistant

(_____)_____
Application Assistant's
Telephone Number

FOR ACP USE ONLY

Questions? Call 225-925-4792 or 1-800-825-3805

A program of the Louisiana Secretary of State
Jay Dardenne, Secretary of State



APPLICATION CHECKLIST

ADDRESS CONFIDENTIALITY PROGRAM

P.O. Box 91301

Baton Rouge, LA 70821-1301

225-925-4792

800-825-3805

acp@sos.louisiana.gov

My responsibilities as an Address Confidentiality Program (ACP) participant are as follows:

- ☐ I will use my legal name and provide factual and accurate information when completing the ACP application.
- ☐ I will reside at a location that is unknown to my perpetrator.
- ☐ I will not purchase or own real property (i.e. land, house) in my name while I am a participant of the ACP.
- ☐ I will accept responsibility for all mail that the ACP forwards to me.
- ☐ I will make sure my ACP code number is on all of my mail.
- ☐ I will inform my business/personal contacts directly of my new mailing address and **not** file a change of address form with the United States Postal Service.
- ☐ I will notify the ACP if my (or a co-applicant's) Authorization Card is lost or stolen.
- ☐ I will notify state and local government agencies that I am a participant in the ACP and that I want to use the substitute address. I must present a valid ACP Authorization Card when making this request.
- ☐ I will notify persons who use my substitute address that this is no longer my mailing address when I am no longer a participant in the ACP.
- ☐ I will not misrepresent my participation in the ACP and will abide by the rules and guidelines of the program.
- ☐ I will not use the ACP to avoid legal action or to hide from legal responsibilities.

I understand the following conditions:

- State and local government agencies must accept a program participant's substitute address when creating new public records. If I give an agency my actual address, that agency may not be legally obligated to keep my information confidential and may possibly share my information with other agencies.
- Private companies such as banks, telephone companies, utility companies, insurance companies, credit card companies, and department stores do not have to accept a program participant's substitute address; however, I (or an advocate on my behalf) can request that they accept my ACP substitute address.
- Participation in the ACP lasts for four (4) years unless I withdraw or am cancelled prior to that time. I may renew my certification by applying within 30 days prior to expiration of my certification.
- The ACP is a program participant's legal agent for service of process and receipt of mail and legal documents.
- The ACP will forward all first-class, certified and registered mail to a program participant's mailing address as first-class mail. The ACP will not forward magazines, packages or junk mail.
- The ACP will forward mail only to program participants and co-participants listed on the application.
- The ACP will not release a program participant's actual address or telephone number to a third party **UNLESS** the information is requested by a law enforcement agency for official use or the information is required by a court order.
- The ACP will verify the enrollment of an ACP participant if requested to do so by a government agency for official use only.

I will be cancelled from the ACP for the following reasons:

- I knowingly submit false information on my ACP application.
- I fail to notify the ACP of a legal name change within 30 days of the change.
- I fail to notify the ACP of a change in address or telephone number within 7 days of the change.
- I am not residing in Louisiana.
- I fail to respond to ACP requests and/or renewal notices.
- Mail that was forwarded to me is returned to the ACP as undeliverable.
- I request the ACP cancel my participation.

If certification in the ACP is cancelled for not complying with the aforementioned reasons, an appeal of this decision can be made within 30 days.

Signature of Applicant _____ Date _____

I helped this Applicant develop an overall safety plan and I believe this safety plan should include the ACP. I have reviewed each item on this checklist with the Applicant.

Signature of Application Assistant _____ Date _____

Questions? Call the 225-925-4792 or 1-800-825-3805

A program of the Louisiana Secretary of State
Jay Dardenne, Secretary of State